

# CLINICAL BEDSIDE EXAMINATION OF SWALLOWING INSTRUCTIONS: MAKING RECOMMENDATIONS

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# Instructions

Review these instructions before completing the Clinical Bedside Swallowing Evaluation. Consider printing these instructions to refer to while completing the evaluation.

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## **MAKING RECOMMENDATIONS.**

- **LIQUID CONSISTENCES:** the liquid consistency that the patient appeared the most safe consuming, including no signs or symptoms of aspiration, no additional fatigue.
  - Ask yourself, "If the patient is a little tired, would they be safe drinking liquid consistency?"
  - If the patient did not appear safe with any liquid consistency, recommend NPO and complete an instrumental evaluation as soon as possible (if not already completed in the past ~2 weeks).
  - The patient may be able to complete the Frazier Free Water Protocol if they meet the requirements.
- **DIET TEXTURES:** the texture that the patient appeared the most safe consuming, including no signs of symptoms of aspiration, no additional fatigue.
  - Ask yourself, "If the patient is a little tired, would they be safe eating this texture?"
  - If the patient did not appear safe with any diet texture, recommend NPO and complete an instrumental evaluation as soon as possible (if not already completed in the past ~2 weeks).
- **SAFE SWALLOWING STRATEGIES:** pick 2 or 3 of the most effective swallowing strategies and practice them at least 10 times each with the patient.
- **SWALLOWING EXERCISES:** pick 2 or 3 exercises and practice them at least 10 times each with the patient.
- **REFERRALS.**
  - Modified Barium Swallowing study or Fiberoptic Endoscopic Evaluation of Swallowing if you suspect pharyngeal or esophageal involvement.
  - Otolaryngologist (ENT) if you suspect issues with the larynx or vocal folds, including hemiparesis or paralysis.
  - Gastroenterologist (GI doctor) if you suspect esophageal involvement, including cricopharyngeus issues or acid reflux.

- P.O. TRIALS: continually assess the patient's safety with more challenging liquid consistencies and diet textures.
- TREATMENT FREQUENCY.
  - For severe dysphagia, x5 weekly, plus use of safe swallowing strategies and completion of swallowing exercises.
  - For moderate dysphagia, x3 to x5 weekly, plus use of safe swallowing strategies and completion of swallowing exercises.
  - For mild dysphagia, x1 to x3 weekly, plus use of safe swallowing strategies and completion of swallowing exercises.
- PROGNOSIS.
  - Based on your professional judgement.
  - On a scale from excellent, good, fair, poor.
  - Contributing factors include PLOF, current level of functioning, family support, motivation, insight into deficits, comorbidities, ongoing medical or health issues.
- REPORT TO PCP.
  - Report recommendations for liquid consistency, diet texture, referrals, and treatment frequency.